

DUAL ENROLLMENT PARTICIPATION FORM

The purpose of the Dual Enrollment program is to offer high school students an opportunity to dually enroll at Baltimore City Community College (BCCC) while in high school, giving them a head start at the college. The program also gives students a measure of confidence, demonstrating through experience that they can do college-level coursework. The Dual Enrollment Participation Form is required for all participating high school students enrolling in college-level courses.

Student Information

Student's Name Last Four of Social Security Birthdate

Street Address City State Zip

County of Residence Telephone Email Address

High School High School ID Number Expected Year of Graduation

What term do you plan to take courses? Fall 20__ Spring 20__ Summer 20__

Course Selection

Dual enrollment students may take multiple courses each semester. In collaboration with parents and school counselors, students should select courses required to complete their high school diploma and desired associate degree or professional certification. Explore degree programs and professional certifications, then select from approved dual enrollment courses here.

Course Name	Course Number

High School Approval

High School Representative Contact Number Email Address

Signature Date

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Participation Agreements

Please initial next to each statement:

As a student:

In accordance with the Family Educational Rights and Privacy Act (FERPA), I give permission to my parents/guardians and my high school to release any information concerning my selection as a participant in the Baltimore City Community College Dual Enrollment Program.

In accordance with (FERPA), I give BCCC permission to release any academic and/or financial information to my parents/guardians and my high school while I am dually enrolled at the college.

- I will attend class regularly and be on time. I will adhere to BCCC and classroom rules and regulations in dress and conduct. I will meet with my instructor when I have a problem pertaining to coursework.
- I will notify a BCCC Admissions Officer or Director immediately if I decide to drop/withdraw from course.
- I will follow the official procedures for withdrawing and not simply stop going to class.
- I pledge to remain drug free while in the Dual Enrollment Program. Unlawful use of drugs and alcohol may endanger my enrollment in a Maryland College.

Student Print Name

Signature

Date

Please initial next to each statement:

As a Parent/Guardian:

- I will monitor my student's attendance and grades.
- I understand the high school is not responsible for my student's well-being or academic performance while attending BCCC.
- I will accept financial responsibility for payment of tuition, fees, and books (if student is a minor 16 years of age or younger).

Parent/Guardian Print Name

Signature

Date

Telephone Number

Email Address